

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/585316

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52	1					
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60	1					
11							61						
12							62						
13							63						
14							64	1					
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72	1					
23							73						
24							74						
25							75						
26							76	1					
27	1						77						
28							78						
29							79						
30							80						
31	cancel						81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39	1						89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48	1						98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	8	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	40	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	48					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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